



Magellan Behavioral Health of Pennsylvania, Inc.

Montgomery County

MONTGOMERY COUNTY HEALTHCHOICES BHRS TREATMENT AUTHORIZATION REQUEST

CQC

Table with 4 columns: MAGELLAN USE ONLY, Date, Initials, MIS #. Row 1: Entered: (blank)

- Initial, Reauthorization, Change in BHRS Prescription

Date of Birth (MM/DD/YYYY): / /
Member's Name:
Member's MA ID #:
Provider Phone #: - -

- 080769000 Foundations Behavioral Health, 158922000 Central Montgomery MH Ctr, 272684000 Child and Family Focus, 169363000 Creative Health Services, 231220000 Indian Creek Foundation, 566862000 CFF/Horizons

Table with columns: Services Being Requested, # of Units Requested, Start Date (MMDDYY), End Date (MMDDYY), Outcome Code, CPT, Prob Type, Mod1, Mod2, Mod3. Rows include FBA, Mobile Therapy, Mand Mtg, BSC, TSS, TSS Aide, ACT 62 Members, and ABA Members.

CURRENT MEDICATION
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DSM-5 DIAGNOSIS
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- By checking this box, the provider attests that the Member has had an EPSDT screening in the past 12 months.
By checking this box, the provider attests that POMs information has been submitted on www.MagellanProvider.com.
By checking this box, the provider attests that they have completed and are in compliance with the Confirmation of Knowledge and Skills to Provided Applied Behavioral Analysis bulletin.
By checking this box, the provider attests that the Attestation for Providing ABA Services has been completed and provided to Magellan.

Enter the Appropriate Dates Below:
Date of Eval (MM/DD/YYYY): / /
Date of ITM (MM/DD/YYYY): / /